



County of San Diego

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DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES

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Base Station Physicians' Committee
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Community Epidemiology
Emergency & Disaster Medical Services
HIV, STD and Hepatitis
Immunization
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing/Border Health
TB Control & Refugee Health
Vital Records

BASE STATION PHYSICIANS' COMMITTEE MEETING

Minutes

Tuesday, September 18, 2007

Members Present

Glasser, M.D., Judd – Tri-City
Grad, M.D., Michele – Palomar/Pomerado
Kramer, M.D., Mark – Sharp Memorial
Linnik, M.D., Bill – Sharp Grossmont
MacPherson, Gary – Co. Paramedics Agencies' Comm.
Reilly, M.D., Ian – Scripps La Jolla
Rosenberg, R.N., Linda – Sharp Memorial
Zahller, M.D., Steve – Scripps Mercy

County Staff Present

Haynes, M.D., Bruce
Pate, R.N., Rebecca
Ray, Ph.D.(c), Leslie
Royer, R.N., Diane
Stepanski, Barbara

Recorder

Rupp, Merle

Guests Present

Allington, R.N., Linda – Carlsbad Fire
Anderson, R.N., Marilyn – Vista Fire
Barsalou, Thea – UCSD ROC
Bourdon, R.N., Darlene – Scripps Mercy
Broyles, R.N., Linda – RCCP/AMR
Carlson, R.N., Sharon – Sharp Grossmont
Dotson, R.N., Melody – UCSD
Graydon, R.N., Cheryl – Palomar
Howard, R.N., LuAnn – Scripps La Jolla
Kelly, R.N., Donna – UCSD ROC
Majerczak, R.N., Karen – Tri-City
Ochs, R.N., Ginger – San Diego Fire Rescue
Quinn, R.N., Michele – Children's
Ross, Alyssa – City of San Diego
Sallee, M.D., Don – Naval Medical Center San Diego
Scott, Chris – North County Fire
Seabloom, R.N., Lynne – Oceanside Fire

I. INTRODUCTIONS/ANNOUNCEMENTS

Judd Glasser, M.D., Chair, brought the meeting to order at 11:00 a.m. Attendees introduced themselves.

Ian Reilly, M.D., was introduced as the new Base Hospital Medical Director for Scripps La Jolla.

Michele Quinn, R.N., was introduced as the new representative from Children's Hospital.

II. APPROVAL OF MINUTES

MOTION made by Michele Grad, M.D., Seconded by Steve Zahller, M.D., to approve the Minutes of July 17, 2007 as submitted. MOTION carried.

III. MEDICAL DIRECTOR'S REPORT (Bruce Haynes, M.D.)

New County EMS Q.A. Specialist: Dr. Haynes introduced Diane Royer, R.N., as a new Quality Assurance Specialist from County EMS. Her area of responsibility will be working with facilities, base hospitals, cardiac receiving centers and similar areas. Ms. Royer worked as a field EMT and advanced EMT while attending nursing school. Her nursing focus has been in the emergency department, a trauma center in another county, and with a cardiac catheterization laboratory.

Tourniquets: Most of the surgeons that were contacted recently regarding the use of tourniquets weren't very enthusiastic about using them. Couldn't see the correlation between the use of those in the battlefields of Iraq and Afghanistan vs. locally. Further discussions may occur in the future.

STEMI Update: Second-quarter data has demonstrated excellent door-to-balloon times. The median door-to-balloon time appears to be about 60 minutes for the 9-1-1 activated patients.

Advanced EMT Skills: A questionnaire was recently sent out from County EMS regarding adding a few additional skills for EMT's. A number of rural providers are particularly interested in this issue.

Assembly Bill 941: This bill passed in the State Legislature within the last couple of days to change EMT licensing and discipline but has not been signed by the Governor at this point. If it passes, the bill would establish a statewide EMT certification registry, subject to funding, making providers responsible for EMT investigations and discipline, and change some of the grounds for discipline in the law.

Trauma Resource: From the Medical Audit Committee (MAC), there has been some concern about the "trauma resource designation" and they would prefer to see patients designated clearly as a trauma patient or not.

IV. BASE HOSPITAL NURSE COORDINATOR'S REPORT (Linda Rosenberg, R.N.)

The new digital radio system has been installed in the emergency room radio rooms in regard to being able to retrieve calls.

V. ROC (Resuscitation Outcomes Consortium) UPDATE (Donna Kelly, R.N.)

Ms. Kelly introduced Thea Barsalou who has joined the ROC group with Donna and Lana Brown, R.N.

The Hypertonic Saline Study now has 75 patients enrolled and is going well. The

paramedics are doing a great job bringing these patients into the trial; however, paramedics should be reminded that if the Glasgow score is eight or less, the patient(s) can be enrolled into ROC. The paramedics have documentation in their packet that should be included as part of the patient hospital record.

The County has been very helpful in identifying those patients in the the Trauma Cardiac Arrest Study that belong in Epistery. There has been a problem in linking up the prehospital information with the hospital information. Ms. Brown has attended the Base Hospital Nurse Coordinators meeting to ask someone to assist with that link. Ms. Kelly welcomed any ideas people might have.

Preparation for the Cardiac Arrest Trial is nearly complete. One more IRB (Institutional Review Board) is scheduled. The training is almost completed and meetings are now being held with hospital emergency department staff. The trial may begin by mid-to-end of October, 2007. The ROC staff are working on how to download information from all the different defibrillators in various rigs.

VI. HIPAA UPDATE (Leslie Ray, Ph.D.(c))

Leslie Ray, Ph.D.(c), County EMS, distributed a handout regarding HIPAA (Health Insurance Portability and Accountability Act). She discussed the following question and answer scenarios:

Q. The receiving hospital claims it is a violation of HIPAA for them to give out some data to the prehospital agency on a transported patient.

A. This is a permitted disclosure of an individual's health data under HIPAA. Since the prehospital agency is seeking information for a common patient, the information can be released without an authorization from the patient.

Q. The base hospital will not release the radio tape on a specific patient to the transporting agency. The transporting agency needs this to conduct QA/QI.

A. Similar situation. This involves information on a single, common patient and is requested for the purposes of health care operations.

Q. The education program has requested radio tapes for general training purposes not specific QA/QI.

A. If the tapes contain individual identifying information such as name, address or social security number, they cannot be released for general training purposes. If the identifying information is removed or edited out then the tapes could be provided.

A. better solution would be to develop a library of training tapes using real life scenarios.

Ms. Ray advised attendees to contact their own hospital or agency legal representative to obtain clarification on specific in-house issues. Also, if there were encryption issues, attendees were encouraged to discuss those with their information technology department.

VII. NON-ACCIDENTAL HEAD TRAUMA(Marilyn Kaufhold, M.D., Children's Hosp.)

Dr. Glasser introduced Marilyn Kaufhold, M.D., Pediatrician from Children's Hospital. Her presentation was titled "Identifying Abusive Head Trauma." Some highlights from her presentation included but were not limited to:

- Confession and medical determination are tools used to identify head trauma
- Most children are not injured seriously in simple household falls
- Child abuse is rarely a one-time event
- Leading cause of non-accidental injury death is head trauma
- 50% of the trauma deaths are non-accidental head trauma
- The ranges of injury are many; including, scalp bruises and skull fractures, subdural and epidural hematoma, brain contusions or brain edema
- Approximately 30% of the inflicted head injuries may be missed on health care visits
- Sometimes cases have to be reported to law enforcement and Child Protective Services
- Sometimes symptoms are subtle such as crying, vomiting, lethargy and irritability
- A study from Denver in the late 1990's revealed of 173 cases reviewed of abusive head trauma of children under three years old, 55% were male, 45% female. 31% of the cases were missed: 9.3% of the missed cases died and 40.7% had complications related to delay in diagnosis of abusive head trauma

VIII. DESTINATION OF ACUTE STROKE PATIENT DRAFT POLICY
(Bruce Haynes, M.D.)

Discussion ensued on whether or not the word "neurologist" should be included in the policy. It was stated that a neurologist is always going to be involved in the treatment, at least as a consultant. More hospitals are seeking Joint Commission stroke certification.
ACTION: Dr. Haynes will make the suggested revisions to the policy.

IX. HEALTH ADVISORY COMMITTEE ON THREATS (HACOT)
(Bruce Haynes, M.D.)

With the hiring of the new Public Health Officer Wilma Wooten, M.D., HACOT began meeting again in July and August. At the August 15, 2007 meeting, HACOT discussed and reviewed the Medical Reserve Corps and recruitment of members. They also discussed topics for the County television network as well as alternative care sites that might be set up in the event of a pandemic flu outbreak or a similar situation when all hospitals are overwhelmed. They discussed the Surge Plan regarding pandemic flu and the HRSA Year Six (Health Resources and Services Administration) grant which was submitted to the State. The grant was requested for enhancing laboratory capabilities for some of the bioterrorism agencies. HACOT also has some subcommittees looking at risks for special populations and education for kindergarten through twelfth grade.

Jim Dunford, M.D. had informed the Chair that he no longer desires to be the HACOT representative from BSPC. A request was made for a replacement. **ACTION: Linda Rosenberg, R.N., Sharp Memorial, is currently a representative at HACOT and volunteered to bring information from HACOT back to BSPC. Dr. Haynes will plan on continuing to attend HACOT meetings as well.**

X. SAN DIEGO HEALTHCARE DISASTER COUNCIL
(Linda Rosenberg, R.N.)

San Diego submitted proposals for two partnership grants recently; one being focused on ancillary sites like community partnerships and the other one was more hospital focused to alleviate surge in the emergency room. Responses on the grant applications are expected back by late October, 2007.

The annual State-wide disaster drill is scheduled for Thursday, October 25, 2007 and involves a plague outbreak. Sharp Memorial will only participate with radio communication as it is the "Sharp Experience Day." Another drill is scheduled for November 8, 2007 which will be more of a radiation decontamination opportunity drill.

The Healthcare Disaster Council toured the U.S. Naval Ship Mercy for its' August meeting. The ship can accommodate up to 1000 patients and has twelve operating rooms.

XI. ITEMS FOR FUTURE DISCUSSION

None.

XII. SET NEXT MEETING/ADJOURNMENT

The next meeting was scheduled for Tuesday, October 16, 2007, 11:00 a.m. at Sharp Spectrum Auditorium 8695 Spectrum Center Court, Kearny Mesa, San Diego.

The meeting adjourned at 12:10 p.m.

Respectfully submitted,

Merle Rupp, Board Secretary
County EMS